

Management of Tobacco Use

2003 VA/DoD Guideline

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Case scenario #1

A 66-year old woman with stable angina and a history of depression smokes 25 cigarettes daily. She would like to stop smoking but is concerned about weight gain. She has tried to quit several times on her own without success. What should her physician recommend?

Case scenario #2

A 50-year old plumber with a seizure disorder has been smoking 2 ppd for 38 years. He is interested in quitting because his grandchildren all want him to, and he wants to surprise them.

Case scenario #3

A 33-year old man with PTSD smokes 1.5 packs/day. He is on 3 psychiatric meds., and has weekly PTSD support group and monthly visits to his psychiatrist. He is interested in quitting, and his longest prior quit attempt lasted 1 month.

Case scenario #4

A 75-year old man with COPD has been smoking 1 ppd “since I was a boy”. He is not interested in quitting as it “is my one pleasure in life.” He has tried to quit 3 times in his life, and the longest lasted 2 years.

Management of Tobacco Use Guideline: What's New?

- Population Health Focus
- Primary Care Emphasis (Access to Treatment)
- System Changes (Leadership Support)
- Prevention
- Literature Review (Updated)

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Intervention Continuum



Treatment Impact

- $\text{Impact} = \text{Efficacy} \times \text{Recruitment Rate}$
- Less Intensive Intervention: 10% cessation rate, 100% participation = 0.10 impact
- Very Intensive Intervention: 40% cessation rate, 5% participation = 0.02 impact

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Primary Care Emphasis

- Tobacco Users should receive counseling
- Effective counseling is delivered in multiple formats
 - Telephone, Group, Individual
- Counseling provided by a variety of clinicians
 - Physician and Nonphysician healthcare professionals
- Patients should have access to intensive counseling
 - Quit line, Cessation Program

Management of Tobacco Use Guideline: What's New?

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Top 10 System Changes

1. National/Local Leadership
 - Reducing tobacco use as institutional priority
2. Tobacco cessation treatment provided with no co-pay
3. Clinical sites dedicate staff to dependence treatment
4. Implement tracking system to identify tobacco users
5. VA/DoD establish Quitlines

Top 10 System Changes

6. Treatment and referral for cessation should be convenient
7. Every clinic should implement tobacco-use identification (e.g., ICD code)
8. Use clinical reminders tailored to clinical setting
9. Adopt strategies to increase adherence to guideline
10. Healthcare team trained to provide tobacco cessation

Management of Tobacco Use Guideline: What's New?

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Prevention

- Promote Motivation To Quit
- Initiate/reinforce Relapse Prevention
- Assess Risk For Starting Tobacco Use

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- **Literature Review (Updated)**

Literature Review

- VHA/DoD Clinical Practice Guideline (1999)
- Clinical Practice Guideline for Treating Tobacco Use and Dependence (US HHS/PHS; 2000)
- Recommendations Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke (Task Force on Community Preventive Services; 2001)
- Review of additional research published between 2000 and 2003

Key Elements

- Every tobacco user advised to quit
- Tobacco use is a chronic relapsing condition
- Provide easy access to evidence-based counseling and pharmacotherapy
- Collaborative tailored treatment strategies
- More intensive treatment yields higher individual quit rates
- Cessation leads to improved health
- Prevention strategies should be implemented

Tobacco control

- 1.The patient**
- 2.Available treatments
- 3.The provider
- 4.VA guidelines
- 5.Summary

VA/DoD Patients do Smoke More

- Any Smoking (males and females)
 - DoD: 34%
 - VA: 30%
 - Adjusted prevalence
 - DoD: 26% (age, educ, marital, ethnicity, gender)
 - VA: 33% (age)
 - Civ: 31% (age, educ, marital, ethnicity, gender)
- Heavy Users
 - DoD 13%
 - VA 7%

Smokers Interested In Quitting

- 1999 (DoD 1998)
 - DoD 48% tried to quit past year
 - VA 65% quit at least 1 day in last year
- 2002
 - DoD 49% tried to quit in last year
 - VA 61% tried to quit in last year

Tobacco control: VA experience

- The patient
- **Available treatments**
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What works: VA/DoD guidelines

- Behavioral therapy effective (level A)
- NRT, bupropion effective (level A)
 - INDEPENDENT of intensity of counseling
- Self-help
 - Slightly effective by itself (level B)
 - May not add to other approaches (level C)
 - Still worthwhile as time-saver

Behavioral therapy (PHS guidelines)

- Number of sessions
- Duration of sessions
- Approach

Number of sessions

	Odds ratio	Abstinence rate
0-1	1.0	12%
2-3	1.4 (1.1-1.7)	16%
4-8	1.9 (1.6-2.2)	21%
>8	2.3 (2.1-3.0)	25%

Treating tobacco use and dependence. A clinical practice guideline.
Public Health Service. 2000 Jun.

Duration of sessions

	Odds ratio	Abstinence rate
No contact	1.0	11%
<3 minutes	1.3 (1.01-1.6)	13%
3-10 minutes	1.6 (1.2-2.0)	16%
>10 minutes	2.3 (2.0-2.7)	22%

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Counseling approach

	Odds ratio	Abstinence rate
No counseling	1.0	11%
Intra-treatment social support	1.3 (1.1-1.6)	14%
Extra-treatment social support	1.5 (1.1-2.1)	16%
Problem solving	1.5 (1.3-1.8)	16%
Rapid smoking	2.0 (1.1-3.5)	20%

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Public Health Service. 2000 Jun.

Problem solving

- Recognize danger situations
- Develop coping skills
- Provide basic information

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Intra-treatment social support

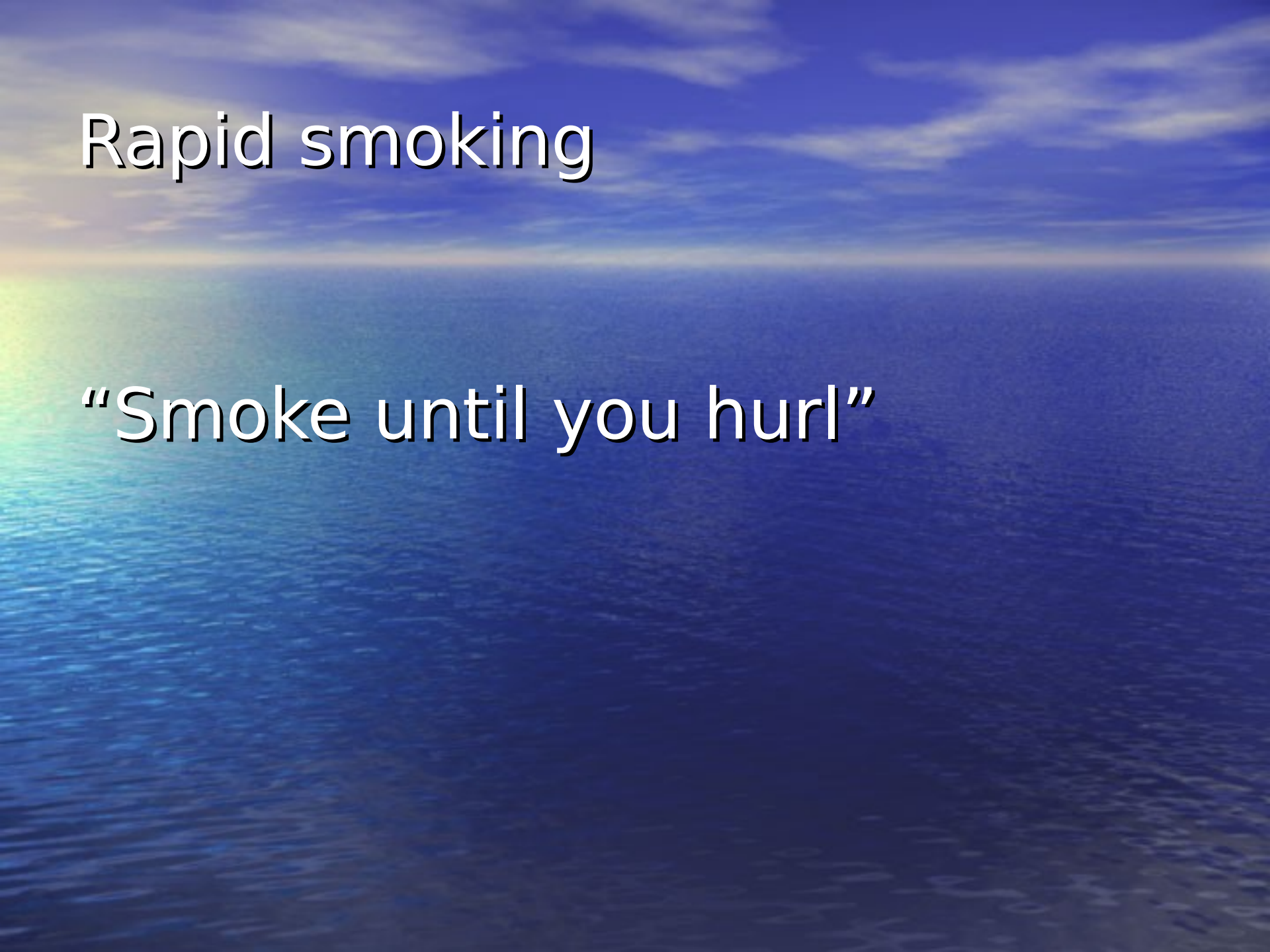
- Encourage patient in the quit attempt
- Communicate caring and concern
- Encourage patient to talk about quitting process

Treating tobacco use and dependence. A clinical practice guideline.
Public Health Service. 2000 Jun.

Extra-treatment social support

- Train patient in support solicitation skills
- Prompt support seeking
- Clinician arranges outside support

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The background of the slide is a photograph of a vast blue ocean under a clear blue sky. On the left side, a faint rainbow is visible, its colors blending into the sky and water. The text is overlaid on this background.

Rapid smoking

“Smoke until you hurl”

No evidence for...

- Tapering
- Acupuncture
- Hypnosis
- Herbal medicine

Treatment

- Bupropion
 - Many experts switching now from bid to qd dosing
 - 150 mg qd x 8 weeks
 - Start 1 week before quit date
- Nicotine patches
 - 21mg, 14mg, 7 mg
 - Taper over 8-12 weeks
- Other NRT
 - Nasal spray, inhaler, gum, lozenge

Tobacco control: VA experience

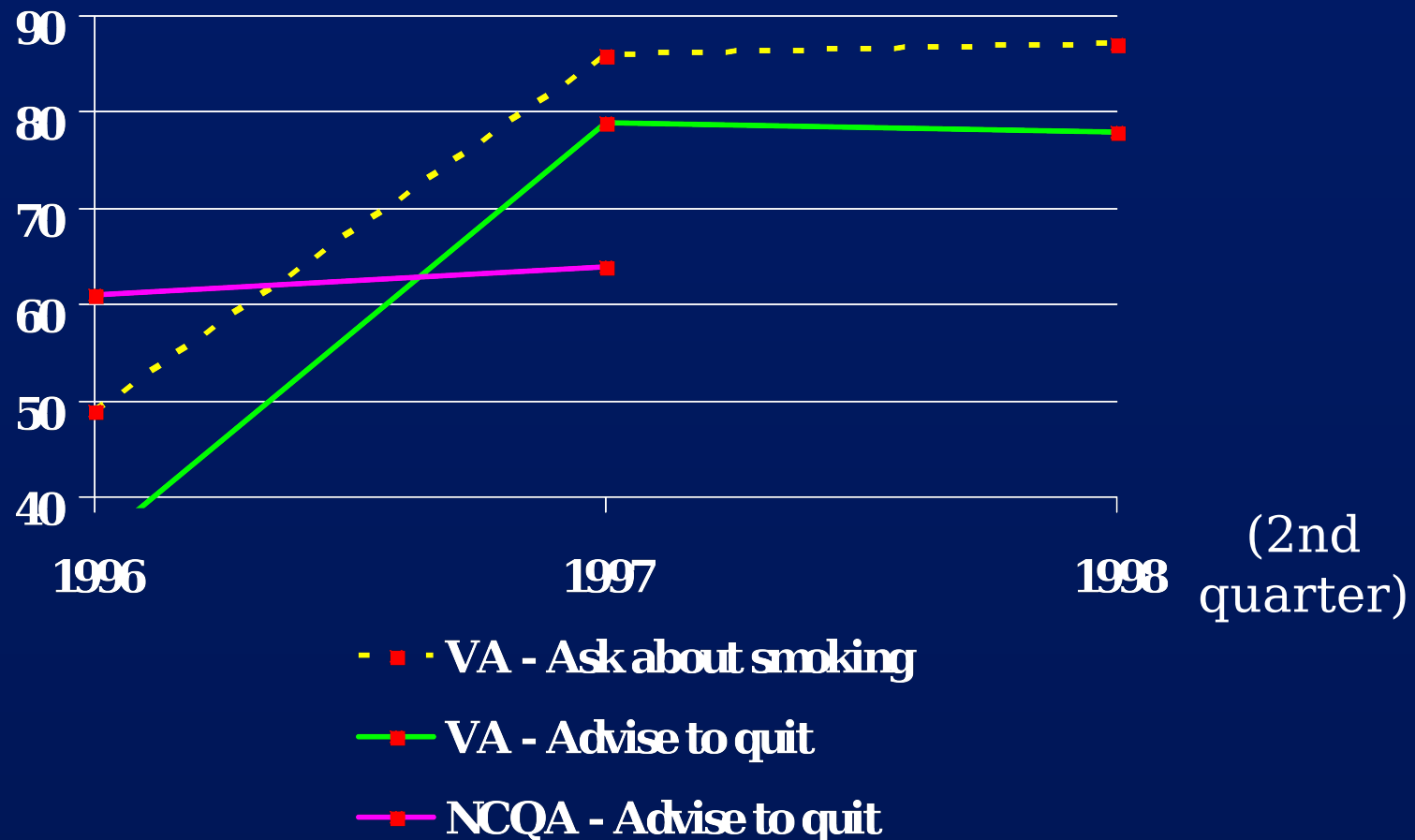
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PHS guideline for clinicians

- **Ask** - Systematically identify all tobacco users at every visit
- **Advise** - Strongly urge all smokers to quit
- **Assess** interest in quitting
- **Assist** patients in quitting smoking
- **Arrange** follow-up

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VHA vs. private sector



VA is doing a great job at asking and advising smokers to quit

- Chart review (EPRP)
 - ~95% asked about smoking
 - ~95% of smokers advised to quit
 - 74% advised to quit at least 3 times
- Patient survey
 - 81% report being asked about smoking
 - 72% report being advised to quit

VA is not doing well at treating

- Only 22% of VA smokers who tried to quit in prior year reported receiving treatment for smoking cessation
- Jonk et al found that only about 7% of VA smokers received smoking cessation medications in prior year

Tobacco control: VA/DoD Experience

- The patient
- Available treatments
- The provider
- **VA/DoD guidelines**
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VA/DoD Key Point #1

- Every patient interested in quitting should receive...
 - Counseling
 - Pharmacotherapy
 - Follow-up

VA/DoD Key Point #2

- Provider and patient should...
 - Discuss available treatment options
 - Arrive at a *shared* decision
 - Choose the most intensive treatment patient is willing to attend

VA/DoD Guidelines

Strategy	Counseling	Rx?	Provided by
Minimal	1 session	Yes	PC or MH provider Other health care team members
Intermediate	2-3 sessions	Yes	Quit Line PC or MH provider
Intensive	≥ 4 sessions	Yes	Cessation program Quit Line PC or MH provider

Treatment options

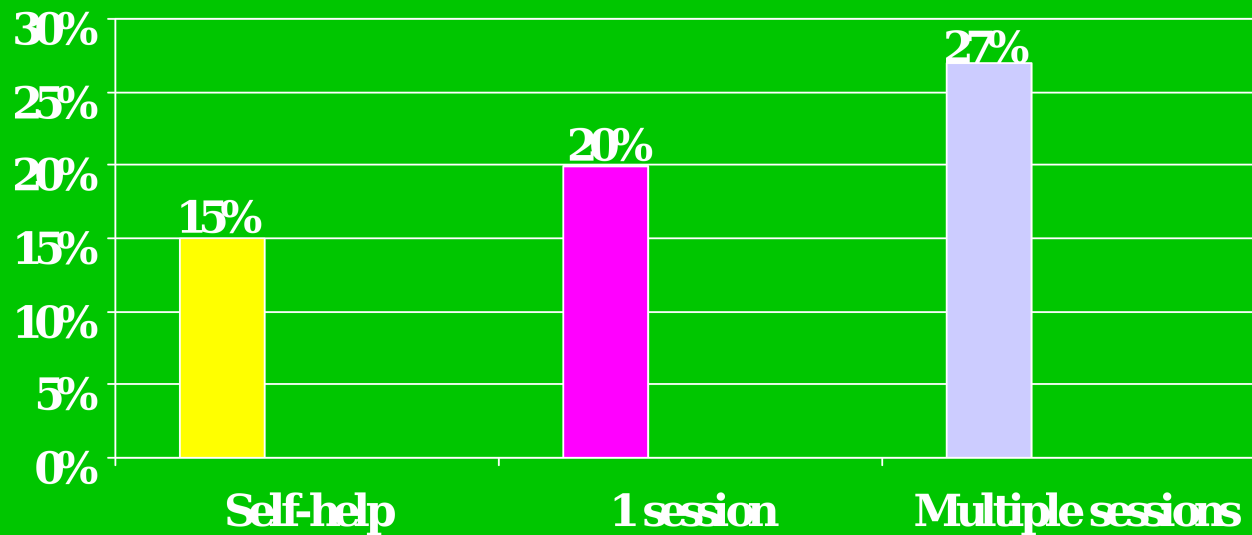
Treatment approach	Success rates	
	Short-term	Long-term
Cessation programs	15-20%	30-40%
Telephone QuitLines	30-40%	15-20%
Primary care treatment	10-20%	7-10%

Telephone counseling

- Now available in 40 states
- Can find out what is available locally by calling 1-877-44U-QUIT or going to www.smokefree.gov
- Provider can counsel and then refer
- Don't forget to arrange for smoking cessation medications

Telephone counseling

Abstinence rate among those making a quit attempt



Zhu SH et al. J Consult Clin Psychol. 1996; 64: 202-11.

Tobacco control: VA/DoD experience

- The patient
- Available treatments
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- VA guidelines
- **Summary**

The patient

- VA/DoD patients are interested in quitting
- Roughly half try to quit each year

Available treatments

- Medications
 - Nicotine patches, other NRT
 - Bupropion
- Counseling
 - Problem solving
 - Intra-treatment social support
 - Extra-treatment social support

The provider

- Doing well at asking and advising
- Need to focus on increasing rates of treatment

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